05111

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sudlina — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Carnell

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: ~~AA~~ Pr Ge
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside Md
STREET ADDRESS (If rural, give location): 1319-50 Ave

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Eugene (Last) ~~Carter~~ Carnell
4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 10/14/1912
9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting & Decorating
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. Carnell
14. MOTHER'S MAIDEN NAME: Mary Corsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-16-0803
17. INFORMANT AND ADDRESS: Geo Carnell - 319 S. Carolina Ave S.E. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drown

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found floating ashore at Point Farm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Patuxent Pine (CITY OR TOWN) (COUNTY) St Marys Co (STATE) Md
TIME OF INJURY (Month) 5 (Day) 24 (Year) 52 (Hour) 8 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell of boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.E. ADDRESS: Orvig Md DATE SIGNED: 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 31-1952
NAME OF CEMETERY OR CREMATORY: ~~Wash~~ D.C.
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 5-29-52
REGISTRAR'S SIGNATURE: H.W. Ward
24. FUNERAL DIRECTOR: A.A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS-AMA

RECEIVED
JUN 5. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05112

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holland Point. — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond Va
STREET ADDRESS (If rural give location) 6722 Kennington Ave.

3. NAME OF DECEASED (Type or Print): (First) Harvey. (Middle) Durwood (Last) Cassada

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 19 52

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH April 1906 | 9. AGE last birthday 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Service Attendant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Vernon Hill Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William W. Cassada | 14. MOTHER'S MAIDEN NAME Mattie Sue Compton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 223-03-3048 | 17. INFORMANT Marie B. Cassada - Richmond. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning.

Antecedent cause(s) 280.8

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident | PLACE (Home, farm, factory, street, office bldgs etc.) OF INJURY Holland Point | (CITY OR TOWN) | (COUNTY) Calvert | (STATE) Md

TIME OF INJURY (Month) May (Day) 18 (Year) 1952 (Hour) 4:30 p. m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Fell out of boat

Med Examiner Certificate

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that ~~I last saw the deceased alive on~~ ....., 19....., and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Hillenes. M.D. Huntingtown. 5/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5-21-52 | NAME OF CEMETERY OR CREMATORY Family Cem. | LOCATION (City, town, or county) Vernon Hill Va. Danville, (State) Va.

DATE REC'D BY LOCAL REG. 5/20/52 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR O. A. Parkinson & Son - Mantua, Md. | ADDRESS

RECEIVED
MAY 28 19
BUREAU V. S.

Items 1, 9, 10 FilmG143 6/16/52 whw

05113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drowned on Chesapeake Bay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A. ~~Cal~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) Wayson (Last) Daniels

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 21, 1902
9. AGE last birthday ~~50~~ 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk, Wash. Terminal
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter W. Daniels ~~unknown~~
14. MOTHER'S MAIDEN NAME Addie Mae Letzunder ~~unknown~~ Galesville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 577-09-5094
17. INFORMANT AND ADDRESS Hardesty Funeral Home - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Drowning.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ch. Bay. (CITY OR TOWN) (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 26 1952 ? m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

Med Examiners Certificate.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. Weems (Degree or title) Huntingtown ADDRESS M.D. DATE SIGNED 6/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/5/52
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. May 6/4/52
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR T.A. Hardesty - Galesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID

RECEIVED
JUN 10 1952
BUREAU V. S.

05769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) H. (Last) Dare
4. DATE OF DEATH (Month) May (Day) 18, (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH July 6, 1864
9. AGE last birthday 87 yrs. If under 1 year: Months 10 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing
11. BIRTHPLACE (State or foreign country) Lusby - Calvert Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dare
14. MOTHER'S MAIDEN NAME Virginia Sollers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Virginia Dare Sollers - Lusby, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure - Carcinomatosis

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Breast x metastases

(c) m mechanisms

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/ 1 5, 19..., to 5/18, 19 52, that I last saw the deceased alive on 5/18, 1952, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Tamiel S
ADDRESS St Leonard
DATE SIGNED 5/19

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 20, 1952
NAME OF CEMETERY OR CREMATORY Middleham Chapel
LOCATION (City, town, or county) Lusby (State) Md

DATE REC'D BY LOCAL REG. 5-20-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son - Mutual, Md.
ADDRESS

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VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 21 1952
BUREAU V. S.

Item 22 Film G143 6-3-52 ams

05114

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jane (Middle) Elizabeth (Last) Moran
4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 52
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Apr 12, 1904
9. AGE last birthday 48 yrs. If under 1 year: Months 1 Days 11 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Homes
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew P Barry
14. MOTHER'S MAIDEN NAME Emily Baily
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Frances Moran

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation due

9744 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to rope

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found hung on floor with rope around neck

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) St Leonard (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5/23/52 — 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hung from cellar joist

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE H W Ward (Degree or title) D. M. E. ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/27/52
NAME OF CEMETERY OR CREMATORY Holy Sepulchre Cem.
LOCATION (City, town, or county) New Rochelle (State) N. Y.
DATE REC'D BY LOCAL REG. 5/24/52
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son — Mutual, Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
MAY 28 19
BUREAU V. S.

15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Huntingtown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Mason (Last) Trott

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1952

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farm-owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Trott
14. MOTHER'S MAIDEN NAME Barbara Jane Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Hilda Dixon Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1951, to 5/10, 1952, that I last saw the deceased alive on 5 9, 1952, and that death occurred at 9 p. m., from the causes and on the date stated above.

SIGNATURE Thomas (Degree or title) M.D. ADDRESS Huntingtown Md. DATE SIGNED 5/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13, 1952
NAME OF CEMETERY OR CREMATORY Miranda Memorial Cem
LOCATION (City, town, or county) Huntingtown (State) Md.

DATE REC'D BY LOCAL REG. May, 11, 1952
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owens Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wallville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Tucker

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 10 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months 0 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Tucker

14. MOTHER'S MAIDEN NAME: Jessie Paterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-12-4306

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26 52 to 5/4 52; that I last saw the deceased alive on May 4, 1952 and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D ADDRESS St Leonard DATE SIGNED 5/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 6, 1952 | NAME OF CEMETERY OR CREMATORY: Wake's Memorial Cem. | LOCATION (City, town, or county) (State): Island Creek Md

DATE REC'D BY LOCAL REG. 5-6-52 | REGISTRAR'S SIGNATURE: H. H. Ward | 24. FUNERAL DIRECTOR: A. A. Harkness & Son - Mutual, Md. | ADDRESS

MAY 12 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05117

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRINCE FREDERICK
LENGTH OF STAY (in this place): 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNKIRK
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) (Last) WATKINS

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Feb 22, 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): CALVERT CO MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry ~~Dee~~ LANE

14. MOTHER'S MAIDEN NAME: ANNIE Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: BESSIE WATKINS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset and Death: ½ hour

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE C.V. Renal disease — 2

(c) Senile dementia Cause — 3-3/52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1952, to 5/13, 1952, that I last saw the deceased alive on 5/13, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Inge Dett — ADDRESS: Prince Frederick — DATE SIGNED: 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-16-52 — NAME OF CEMETERY OR CREMATORY: Hall's Creek — LOCATION (City, town, or county) (State): Calvert, Md

DATE REC'D BY LOCAL REG. 5-16-52 — REGISTRAR'S SIGNATURE: H. H. Ward

24. FUNERAL DIRECTOR — ADDRESS: P. T. Sewell Prince Frederick, Md

VS. A15

RECEIVED
MAY 19 1952
BUREAU W. S.

Item 18 Film G146 9-10-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05118

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

COUNTY Calvert MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick

LENGTH OF STAY (in this place) 49 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cal. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby P.O.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~Arnita~~ (Middle) ANITA (Last) - White

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months 2 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philmore Brooks

14. MOTHER'S MAIDEN NAME: Rosena Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-16-9513

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ~~[illegible]~~

678X DUE TO

Antecedent cause(s) (b) (Autopsy performed.)

? Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO Amniotic fluid embolus

(c) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE H W Ward (DEGREE OR TITLE) D.M.E. ADDRESS Ohio Md DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-1-52

NAME OF CEMETERY OR CREMATORY Eastern Chapel

LOCATION (City, town, or county) (State) ~~[illegible]~~ Calvert, Md.

DATE REC'D BY LOCAL REG. 5-29-52

REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Fred., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 5 1952
BUREAU U. S.